

SERVICE PLATOON VOLUNTEER LIABILITY WAIVER & MEDIA RELEASE



The undersigned desires to participate in the Service Platoon Project, which may involve: (1) participation in a series of community services activities; and/or (2) participation in one or more social or recreational events; (such activities and events are hereinafter collectively referred to as the "Service Platoon Activities").

Assumption of Risk; Liability Waiver and Release:

In consideration for being permitted to participate in the Service Platoon Activities, I hereby acknowledge that participation in the Service Platoon Activities, to be held on _____

at _____ may subject me to risk of injury, illness, death, or property damage, and I hereby assume all such risk.

I further hereby release and hold harmless The Mission Continues, _____, and all of their respective officers, directors, agents, volunteers, employees, sponsors, and donors (collectively, "Parties") from any liability or claim for any injuries, illness, death, or property damage to me or to any third parties (occurring before, during, or after my participation) that is related in any way to my participation in the Service Platoon Activities.

Without limiting the generality of the foregoing, I hereby release and hold harmless the Parties from any liability or claim which arises or which may hereafter arise on account of any first-aid treatment or other medical services in connection with my participation in the Service Platoon Activities.

I acknowledge that I am a volunteer, and I understand that the Parties do not carry or maintain health, medical, worker's compensation, liability, or disability insurance coverage for volunteers.

Media Release:

For consideration, the receipt and sufficiency of which is hereby

acknowledged, I irrevocably authorize the Parties to make, copyright, use and publish for any lawful purpose the photographic images, audio recordings, and video recordings of me that are collected during my participation in the Service Platoon Activities.

I hereby waive any and all interest in or claims to any and all photographs, pictures, video tape images and voice and sound reproductions taken of me by or for the Service Platoon Activities (including, without limitation, claims for royalties) and do hereby grant to the Parties full permission for advertising and publication purposes, or any other legal purposes, to copyright, use, sell, publish or license photographic portraits, pictures, prints or other reproductions made of me, and to make changes or alterations therein and or additions thereto in connection with testimonial copy and for any and all commercial purposes whatsoever.

I do hereby waive any right that I may have to inspect or approve the finished product or advertising or other copy that and the Parties may edit, modify or reuse the above in any manner for purposes of advertising and trade in any and all media, without limitation.

I hereby release and fully discharge the Parties, their successors and assigns and all persons acting under their permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the recording or audio or video, or taking of photographic images, or in any processing tending toward the completion of the finished product.

Governing Law:

This Liability Waiver & Media Release shall be governed by and interpreted in accordance with the laws of the State of Missouri.

I do hereby warrant that I am of full age or I am the parent or guardian of the subject, and have every right to contract in my or his/her own name the above regard and further that I have read this Liability Waiver & Media Release, prior to its execution, and that I am fully familiar with its contents.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Adult Volunteer (18 years old and older)

Please select one.

- Veteran
- Reservist
- Active Duty
- Non-military volunteer

Please complete all fields:

Zip Code _____
Organization/Company Name _____

Are you from the local community/neighborhood (do you frequent this site or have direct connections to it)? YES NO

Email Address

Printed Name

Signature

Date

Youth Volunteers (17 years old and under)

Please provide the names of all youth attending the event with you.

Name Age

Name Age

Name Age

Name Age

Name Age

By signing this form, you agree to supervise and assume all responsibility for your children/dependents while volunteering.

Signature of Parent or Legal Guardian of Participant **Date**

- I would like to receive announcements and newsletters from The Mission Continues.
- I would like to join this platoon (anyone can join!) and receive info on volunteer opportunities and events for the platoon.